

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/52162** FILING DATE  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52			/			
3		/					53			/			
4		/					54			/			
5		/					55			/			
6		/					56			/			
7		/					57			/			
8		/					58		/	/			
9		/					59			/			
10		/					60			/			
11		/					61			/			
12		/					62			/			
13		/					63			/			
14	/						64			/			
15		/					65			/			
16		/					66			/			
17		/					67			/			
18		/					68		/	/			
19		/					69		/	/			
20		/					70		/	/			
21		/					71		/	/			
22		/					72		/	/			
23		/					73		/	/			
24		/					74		/	/			
25	/						75		/	/			
26	/						76		/	/			
27		/					77		/	/			
28		/					78		/	/			
29		/					79		/	/			
30	/						80		/	/			
31	/						81		/	/			
32	/						82		/	/			
33	/						83		/	/			
34	/						84		/	/			
35	/						85		/	/			
36	/						86		/	/			
37	/						87		/	/			
38	/						88		/	/			
39	/						89		/	/			
40	/						90		/	/			
41	/						91		/	/			
42	/						92		/	/			
43	/						93		/	/			
44	/						94		/	/			
45	/						95		/	/			
46	/						96		/	/			
47	/						97		/	/			
48	/						98		/	/			
49	/						99		/	/			
50	/						100		/	/			
TOTAL IND.		↓	7	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	25	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			32				TOTAL CLAIMS						